

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000065176
 1. Entity Name
 QUALITY INSURANCE OF ORANGE PARK, INC.



Principal Place of Business
 1728 KINGSLEY AVE
 STE 199
 ORANGE PARK, FL 32073 US

Mailing Address
 POST OFFICE BOX 1374
 ORANGE PARK, FL 32067



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3331714 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MORGAN, III W
 1728 KINGSLEY AVE
 STE 199
 ORANGE PARK, FL 32073

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGAN, WESLEY T III 1728 KINGSLEY AVE STE 199 ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MORGAN, MARY C 1728 KINGSLEY AVE STE 199 ORANGE PARK, FL 32073
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APPROVED 04/27/04 20100-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wesley T. Morgan, III WESLEY T. MORGAN, III 04/26/04 204-5858 (904)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #